



Hyperlipidemia



The University of Zambia
School of Public Health ◦ Family Medicine MMed Program

Screen with lipid panel

- Adults 40-75yo
- No need to fast
- Do not repeat if on statin



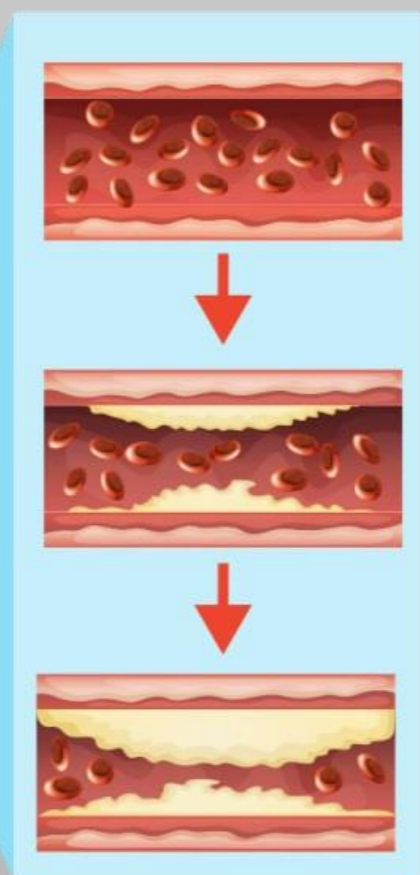
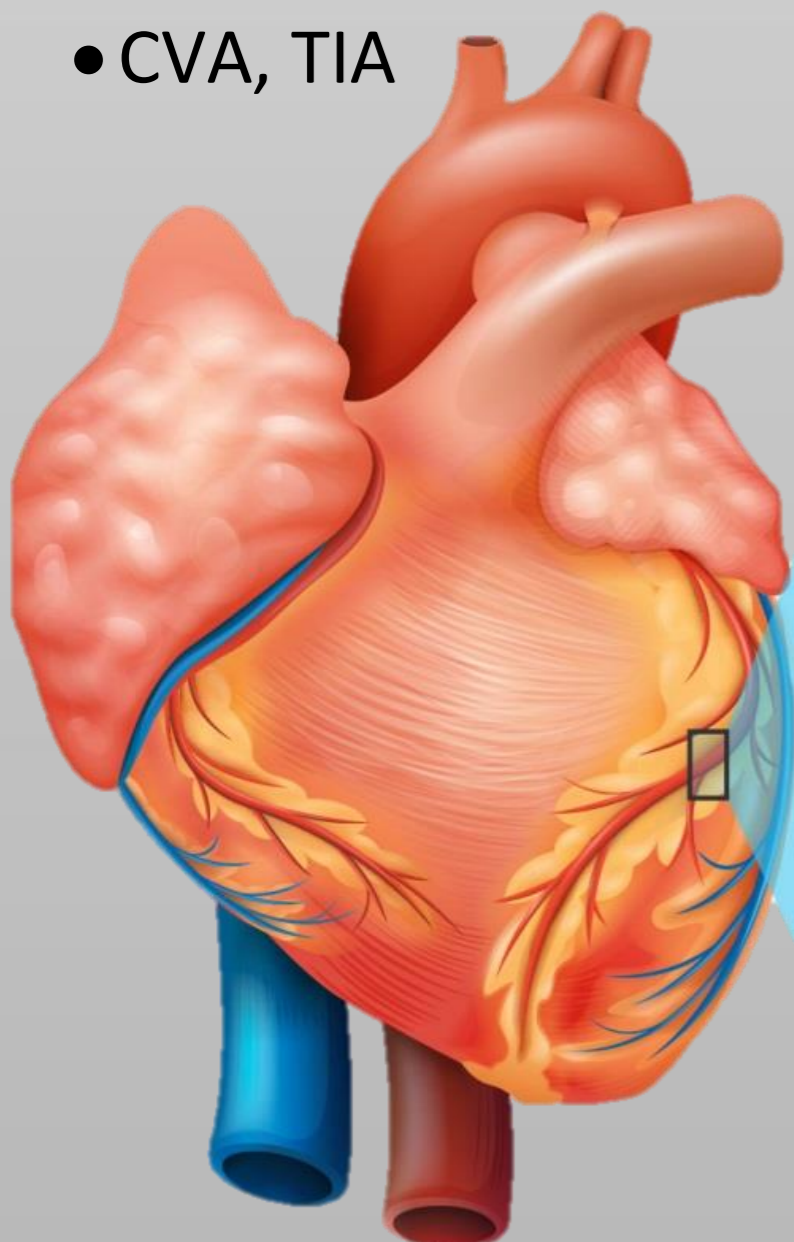
ASCVD risk calculator


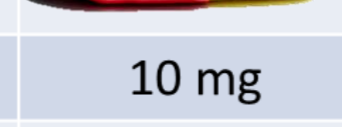

Start Low-Moderate Dose Statin

- 40-75yo **AND**
- Has ≥ 1 CVD risk factor **AND**
- Has a calculated ASCVD of $\geq 10\%$

Start High Dose statin if clinical CVD

- MI, ACS, angina, revascularization
- Symptomatic carotid disease
- Peripheral artery disease
- CVA, TIA






STATIN	Low intensity	Moderate intensity	High intensity
Atorvastatin		10 – 20 mg	40 – 80 mg
Rosuvastatin		5 – 10 mg	20 – 40 mg
Simvastatin	10 mg	20 – 40 mg	
Lovastatin	20 mg	40 mg	
Pravastatin	10 – 20 mg	40 – 80 mg	
Fluvastatin	20 - 40 mg	40 mg bid	
Pitavastatin	1 mg	2 – 4 mg	

other considerations

- If LDL ≥ 4.9
- Family history of familial hyperlipidemia

Screening for Cardiovascular Disease (CVD) Risk

Population	USPSTF recommendation grade
 ADULTS Without symptoms of or a diagnosis of CVD	 D Adults at low risk of CVD events Not recommended.
	 I Statement Adults at intermediate or high risk of CVD events There is insufficient evidence to make a recommendation.

“I” recommendation

There is insufficient evidence for adding
 ABI
 hsCRP
 CAC

“D” recommendation - DO NOT

Screen for CVD with ECG in asymptomatic low risk adults
 Screen for carotid artery stenosis in asymptomatic adults
 Screen with echocardiograms on asymptomatic adults

Low-dose Aspirin

Use only if clinical CVD (secondary prevention)
 Harms = Benefits for primary prevention

Hyperlipidemia slides



SCAN ME